

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

VERMONT
~~Massachusetts~~

Edward Thomas Kennedy

Plaintiff

v.

Commonwealth of
Massachusetts

Defendant

ET AL.

5:18-cv-139

Civil Action No.

U.S. DISTRICT COURT
DISTRICT OF VERMONT
FILED
2018 AUG 28 PM 3:17
CLERK
BY DEPUTY CLERK

APPLICATION FOR PRISONERS TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____

I am employed there, or have an account in the institution. I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: _____

My gross pay or wages are: \$ 1350 and my take-home pay or wages are: \$ 1350
per MONTH
(specify pay period)

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | |
|--|---|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (f) Any other sources | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

\$1350, Social Security RETIREMENT

1 of 2

4. Amount of money that I have in cash or in a checking or savings account: \$ 100.00
5. Any automobile real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):
2011 - Honda - CR-V.
6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):
NO
7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:
8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):
I.R.S. says I owe debts.

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

8/17/2018
Date

[Signature] (seal)
Applicant's signature
Edward Thomas Kennedy
Printed name

9. **Certification of Prisoner's Institutional Account Balance:** An authorized prison official must complete the certification below, and furnish a certified copy of your institutional account statement showing all deposits, withdrawals, and balances for the prior six-month period, to be filed with this application.

I certify that the prisoner named herein has the sum of \$ _____ on account at _____ correctional institution, where he is presently confined.

I further certify that during the prior six-month period, the prisoner's average monthly account balance was \$ _____; and that the average amount deposited monthly in the account during the prior six-month period was \$ _____. Not true

I object to USDC - Att. General

Signature and Title of Authorized Prison Official

[Signature]
Date

8/15/2018

282
372